

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90023 027 ***150.00

DOCUMENT # M84800

1. Corporation Name

SIMONS & SEELEY, P.A.

Principal Place of Business

% ROXANN D. SEELEY
4300 DUHME RD.
MADEIRA BEACH FL 33708

Mailing Address

% ROXANN D. SEELEY
4300 DUHME RD. SUITE 303
MADEIRA BEACH FL 33708
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1988

4. FEI Number

59-2898877

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 8203 113th St N.

2a. Mailing Address

26 8203 113th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Seminole FL

City & State

28 Seminole FL

Zip Country

24 33772 25

Zip Country

29 33772 30

9. Name and Address of Current Registered Agent

SEELEY, ROXANN D.
4300 DUHME RD.
SUITE 303
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name

Jean R. Simons

82 Street Address (P.O. Box Number is Not Acceptable)

8203 113th St. N.

83

84 City

Seminole

FL

85 Zip Code

33772

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jean R. Simons

(NOTE: Registered Agent signature required when reinstating)

4/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME SEELEY, ROXANN D.
STREET ADDRESS 4300 DUHME RD.
CITY-ST-ZIP MADEIRA BCH FL

☒ DELETE

TITLE S
NAME SIMONS, JEAN R.
STREET ADDRESS 4300 DUHME RD.
CITY-ST-ZIP MADEIRA BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8203 113th St. N.
Seminole, FL 33772

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean R. Simons 4/20/99 727-393-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #